

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19631

FILED
Jan 13, 2009
Secretary of State

Entity Name: FLORIDA KEYS HEALTHY START COALITION, INC.

Current Principal Place of Business:

1100 SIMONTON ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1100 SIMONTON ST.
KEY WEST, FL 33040

New Mailing Address:

P.O. BOX 6166
KEY WEST, FL 33041

FEI Number: 65-0051482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESBITT, ARIANNA
1100 SIMONTON ST.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: COTTRELL, CHERYL
Address: 1100 SIMONTON STREET - FKHSC
City-St-Zip: KEY WEST, FL 33040

Title: V-CH () Delete
Name: MERRILL, HOLLY
Address: 1100 SIMONTON ST. - FKHSC
City-St-Zip: KEY WEST, FL 33040 US

Title: TRES () Delete
Name: WALSH, LINDA
Address: 1100 SIMONTON ST. - FKHSC
City-St-Zip: KEY WEST, FL 33040

Title: SCTY () Delete
Name: WINTERMYER, LYNN
Address: 1100 SIMONTON ST. - FKHSC
City-St-Zip: KEY WEST, FL 33040

Title: P-CH () Delete
Name: CUNNINGHAM, MICHAEL
Address: 1100 SIMONTON ST. - FKHSC
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: WELSH, LINDA
Address: 1100 SIMONTON ST. - FKHSC
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: VOGELSANG, MARGARET
Address: 1100 SIMONTON ST.
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL COTTRELL

CH

01/13/2009

Electronic Signature of Signing Officer or Director

Date